## BEST AVAILABLE COPY

Application or Docket Number

٠	PATENT A	PPLICATIO Effect	ive Octobe	ΚU		09/966232							
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			Q minus 20=		· ,£			X\$ 9=		OR	X\$18=.	72	
INDEPENDENT CLAIMS			↓ minus 3 =					X40=		OR	X80=	00	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				ı	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in colum						olumn 2	L	TOTAL	.	OR		262	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	L ENTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	EST	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	··	.4	=	$\  \ $	X\$ 9=		OR	X\$18≡		
	Independent	· 4.	Minus	*** 1	4	=	Ιſ	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM	ــــــــــــــــــــــــــــــــــــــ		±135=		OR	+270=		
	. •	•				. ,	K	TOTA	AL .	OR	TOTAL		
	) · · ·	(Column 1)		(Colu	mn 2)	(Column 3)		DDIT. FE	E	3	ADDIT. FEE	-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER NOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	:	OR	X\$18=		
	Independent	NTATION OF M	Minus		T CLAIM	<u> -</u>	4 [	X40=		OR	X80=		
┞	FIRST PRESE	ENTATION OF N	IOLTIFLE DET	ENDEN	CLAIN		<b>J</b> [	+135=	=	ОЯ	+270=		
	•						_	TOT	AL EE	OR	TOTAL ADDIT. FEE		
		(Column 1)			ımn 2)	(Column 3							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus			=	] [	X\$ 9=	=	OF	X\$18=		
	Independent		Minus	***	IT CL AV	=	41	X40=		OF	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT O					<u>'</u>	<b>-</b>	+135=		OF	+270=		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									AL	OF	TOTA		
•	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOH												